

# Information Technology *Strategic Plan*

July 1996





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# Executive Overview

Information is an essential strategic asset. The success of many Department of Health (DOH) program areas are critically dependent on the ability to transform data into information through effective use of information technology. The complexities of the technology that generates, stores, and protects this information must be managed in a manner that serves the Department's diverse information needs. To respond to these issues, the Department has developed this *Information Technology (IT) Strategic Plan*.

This plan describes the high level IT strategies needed to support the Department's mission, goals, and objectives for the next five years. The Department recognizes the need for the strategies and initiatives to also support the state's IT goals as stated in the *State of Washington Strategic Information Technology Plan (State Information Technology Plan)* published in January 1993. By August 31, 1997, DOH will develop an *Information Technology Tactical Plan*. The Tactical Plan will describe IT projects the Department will implement during the 97-99 Biennium. These projects will support the strategies described in this plan.

The Department of Health's *Information Technology Strategic Plan* was developed in conjunction with DOH's budget preparation process. Information technology strategies were developed by Information Services and reviewed with various individuals and groups throughout the Department. As part of the budget process, DOH business goals and strategies were developed by the Office of Policy with the assistance of Department management staff. DOH initiatives were identified and tied to state information technology goals.

The Department of Health's *Information Technology Strategic Plan* will be provided to the Department of Information Services (DIS) no later than July 31, 1996. Copies will also be distributed to DOH executive management, office directors, and information technology personnel. Further distribution within the divisions will be made by office directors.

# Washington Public Health System

State and local health agencies collaborate with others to protect and promote health and prevent disease and injury. Public health services are population based, focusing on improving the health of the population rather than treating individuals. This responsibility is shared by the State of Washington Department of Health, the State Board of Health, local health jurisdictions, and other public health partners.

## *The Department of Health*

The Department of Health was created in 1989 to focus on the preservation and improvement of public health, to monitor health care costs, to maintain standards for quality in health care delivery facilities and professionals, and to provide general oversight and planning for all the state's activities as they relate to the health of its citizens (RCW 43.70).

## *State Board of Health*

The Department works closely with the Washington State Board of Health. The Board has statutory authority for setting goals for the health of Washington residents and publishes the *State Health Report*. The ten member Board, which includes the DOH Secretary, provides policy guidance to DOH and eight other agencies, and exercises rule making authority in several program areas.

## *Local Health Jurisdictions*

There are 33 local health jurisdictions in Washington which serve the state's 39 counties. Organized on a county or multi-county basis according to provisions in the Revised Code of Washington (RCW), the local health jurisdictions are the "action arm" of the public health system with responsibility for program design and delivery.

## ***Public Health Partners***

The Department works with established health partnerships within the state including the University of Washington School of Public Health and Community Medicine, and many local community-based organizations, associations, and coalitions. In addition, the Department works closely with national organizations such as the Centers for Disease Control and Prevention (CDC), the U.S. Department of Health and Human Services, and the National Institutes of Health.

# **Mission, Functions, Programs, Challenges, and Goals**

## ***Department of Health Mission***

The Department of Health protects and enhances the health of people in Washington State by identifying significant health assets and threats, developing policies, and assuring that actions are taken to address them.

## ***Public Health Functions***

The Department of Health and the local health jurisdictions support the following public health functions. The Department may not always perform all elements of each function; however, it is responsible for ensuring all elements or services are available throughout the state and for providing technical assistance to the local health jurisdictions.

### ***Health Assessment:***

A process of systematically describing the prevailing health status, health needs, and health resources of a community. This includes the capacity to conduct community assessments; conduct epidemiological investigations; collect data on morbidity, mortality, disability, environmental health hazards, and behavioral risk factors; collect data on health resources, services, and health programs; monitor health trends and health outcomes; and analyze and disseminate information.

### ***Policy Development:***

A process of systematically involving the community in prioritizing health needs, setting goals, formulating action to achieve goals, and evaluating results. This includes the capacity to establish collaborative relationships, build constituencies, secure resources, influence policy makers, integrate the role of local health jurisdictions with state and other health providers, and measure the impact of the policy making.

*Administration:*

A process of systematically supporting the management of the other core functions of public health. This includes the capacity to establish organizational linkages between the core functions, operational procedures, financial management and personnel management systems, communication and information systems, contracts with the community, and quality improvement systems.

*Prevention:*

A process of systematically protecting at-risk populations in the community from such threats as communicable diseases, environmental contaminants, and epidemics. This includes the capacity to communicate relevant information to the community, organize the provider community around preventive services, influence individual behaviors and community norms, and reduce exposure of the population to environmental hazards.

*Access and Quality:*

A process of systematically assuring the access to and quality of health services in the community. This includes the capacity to monitor the quality of personal health and environmental services through the appropriate credentialing, inspection, evaluation, and enforcement of standards and regulations, and the capacity to attest to the entitlement rights of citizens through certified copies of vital records.

## ***Primary Programs and Service Areas of DOH***

The Department of Health consists of five divisions and one office:

**Epidemiology, Health Statistics, and Public Health Laboratories** merged into one division in July of this year.

Epidemiology and Health Statistics provides the foundation for assessing the health of Washington residents and assists in public health policy development based on scientific knowledge. They assess health data/information needs; ensure data acquisition, data management, data quality, and data linkage capacity exist; and provide disease and health risk surveillance, program evaluation, and epidemiological information used to develop health policy.

Programs include Center for Health Statistics, Office of Epidemiology, Office of Hospital and Patient Data Systems, and Health Policy.

The Public Health Laboratories promote the health of Washington residents by providing laboratory leadership and services in support of identified health objectives. They assess the status of community and environmental health through screening, diagnostic and analytic testing; and develop policy for the application of scientific technology.

Programs include Office of Clinical and Environmental Microbiology, Office of Environmental Chemistry, Office of Newborn Screening, Office of Administration and Operations, and Office of Radiation.

**Health Systems Quality Assurance** promotes an effective partnership among DOH, professional licensing boards, the public, health professions, and health and residential facilities and accommodations to improve the quality of health care and protect public health and safety. This division ensures that health professionals, facilities, and systems operate safely and effectively; and establishes and enforces standards to improve the accessibility and affordability of quality health and illness care.

Programs include Office of Community and Rural Health, Office of Emergency Medical Services and Trauma Systems, Facilities and Services Licensing, Health Professions Quality Assurance Division, Office of Health Services Development, and Laboratory Quality Assurance.

**Community and Family Health** provides assessment, policy development, and assurance of the health status of children, pregnant women, families, and communities related to parent-child health, disease, and injury. This division develops policy based on the assessment and ensures quality services consistent with approved policies.

Programs include Infectious Disease and Reproductive Health, Maternal and Child Health Services, Non-infectious Disease and Injury Prevention, Public Health Nutrition Services, and Management and Policy.

**Environmental Health** provides assessment, policy development, and assurance of health programs that protect citizens from environmentally related illness. This division ensures that public water systems provide safe and reliable supplies of drinking water; ensures the highest possible prevention of environmental-borne illnesses and injuries; ensures that human exposure to radiation is at levels as low as reasonably achievable; prevents illness caused by ingesting contaminated shellfish; and prevents adverse effects of environmental exposure to toxic substances.

Programs include Community Environmental Health Programs, Drinking Water, Radiation Protection, Shellfish Protection, and Toxic Substances.

**Management Services** provides Department-wide leadership for administration, planning, and development of all management activities.

Programs include Office of Information Services, Office of Financial Services, Office of Contracts and Materials Management, Office of Human Resources, Office of Facilities Management, and Office of Risk Management.

**The Office of the Secretary** provides Department-wide leadership in health assessment, policy development, and assurance consistent with the Department's mission, vision, goals, and values.

Programs include Secretary/Deputy Secretaries, Policy and Planning, Minority Affairs, Communications, and Legislative Relations.

## ***Major Business Challenges Addressed by Information Technology***

The Public Health Improvement Plan (PHIP) requires the Department of Health to be an information resource center for the improvement of the health of the people of Washington State. The first standards addressed in the plan are:

- All public health jurisdictions, both state and local, must have access to an integrated, centrally managed electronic network that provides access to federal, state, and local information systems.
- All public health jurisdictions, both state and local, must develop, operate, and assure the quality of data management systems which meet local needs in order to systematically collect, analyze, and monitor standardized baseline data.

These are just two examples of the types of standards the state must meet in order to carry out the approach to public health articulated in the PHIP. Many of the other standards listed in the plan also deal with the state's capacity to collect, organize, manage, and provide access to information.

In order for DOH to be an information resource center, it must change how it manages its information resources. DOH needs to manage its information as a "Department" resource. This is a major challenge for the Department, since most information is managed independently at the program and division levels.

In order to address this challenge, DOH has undertaken an intensive planning process, employing Information Resource Management (IRM) and Information Engineering principles. The goal of this planning process is to develop an information technology tactical plan and information technology models which define and support the information requirements necessary to carry out the core functions described in the PHIP.

Although much emphasis is placed on providing access to information, DOH also has the responsibility to protect individual privacy. As information systems are developed or enhanced, the Department will need to continually address the issues of confidentiality.

## ***Primary DOH Business Goals***

The Department of Health has identified the following business goals for the next five years.

**Goal 1** - Reduce risks to health and increase factors which protect and promote health.

**Goal 2** - Reduce illness, injury, disability, and premature death.

**Goal 3** - Assess, analyze, and report on health threats.

**Goal 4** - Develop public health policy based on accurate information.

**Goal 5** - Assure the accountable implementation of public health policy by improving public system capacity and by contributing to the availability and quality of health care services.

## ***State Goals for Information Technology***

The following goals were established by the Department of Information Services to effectively align information technology to better serve state agency goals and objectives. These goals were identified in the *State Information Technology Plan* published in January 1993.

**Goal 1** - Improve service delivery to the public through the use of information technology.

**Goal 2** - Make information more accessible through an affordable and widely-available communications infrastructure.

**Goal 3** - Use information technology to respond quickly to changing business requirements.

**Goal 4** - Invest in people, tools, methods, and partnerships that support agency missions through information technology in government.

# **Information Technology Strategies**

## ***Information Services Mission***

To provide timely, secure access to accurate information which meets the business needs of our customers to support assessment, policy development, and assurance for public health in the state of Washington.

## ***Information Technology Principles***

- The innovative use of technology is encouraged to satisfy business requirements.
- Technology is viewed as a facilitator, not as an end in itself.
- Widely used and commonly understood data and processes (internal and external) are standardized.
- Data is collected one time, stored once, and made available according to confidentiality and disclosure requirements.
- Data and information are used with the greatest respect for individual privacy.
- Information is shared and managed in ways that support the Department's mission.
- Information management is viewed as an integral part of every Department program.
- Developing data bases which can be integrated through technology and standards are the basis for a shared data base environment.
- Efficient and effective IT services are provided to internal and external customers.
- Industry accepted standards (data, process, technology) are adopted whenever possible.

## ***Information Technology Ethics***

- We believe people who collect and manage data are stewards of the data, not owners.
- We recognize our role as stakeholders in the information management mission and vision and strive to help the Department achieve them.
- We value the need for Department standards, but also recognize the need for flexibility so individual creativity is not inhibited.
- We recognize the need to merge individual organization's information needs with the Department's information mission and vision.
- We value a uniform technology platform so information is available to those who need it.
- We respect public processes and public concerns relating to personally identifiable medical information.

## ***Information Technology Strategies***

The Department's service delivery environment consists of a broad array of programs operating throughout the state and funded by different sources. This diversity has resulted in DOH divisions and their programs functioning with considerable independence. A challenge in implementing the Department's *Information Technology Strategic Plan* is to respect the uniqueness, independence, and flexibility of divisions and programs while establishing Department-wide direction, methods, and standards for information technology. The key to success is to provide methods and standards that will add value to DOH development processes and allow for consistent information systems planning, design, and development. When this is achieved, information technology can be more efficiently and effectively used to meet state and Department strategic information technology goals.

Development of a common data architecture (the products of applied IRM methods) will allow management of data at the Department level rather than at the application level. It will also enable DOH to effectively identify information technology projects that directly support the goals of the Department, the state, and the state health system as a whole. Information technology strategies have

been developed to help achieve the architecture needed to support the business of the Department.

## **Information Technology Strategies - Continued**

These information technology strategies are classified into six categories: Methods, Environment, Data, Applications, Staff Capacity, and Organization. These strategies are major components that must be in place in order to develop a Department-wide information technology architecture.

### **Methods**

- Adopt structured, business-driven, standard methods for:
  - planning information resources
  - application and data base analysis, design, construction, implementation, and maintenance
- Adopt standards to ensure:
  - connectivity and interoperability of technology
  - common data formats and descriptions
  - common user interface standards

### **Environment**

- Establish a secure technology environment to ensure necessary interoperability and connectivity within the Department and among the public health community.
- Ensure adequate technology capacity is available to support Department information processing needs.
- Provide for equitable access and use of data, information systems, and services taking into account an individual's special needs (e.g., physical, sensory, or mental disability), economic situation, and ethnic background.
- Develop the capacity to provide information electronically to the public.

## **Data**

- Develop the capacity to manage data as a Department-wide resource by:
  - minimizing data redundancies wherever possible
  - ensuring common data definitions
  - ensuring mechanisms are in place to provide access to data to authorized users
  - acquiring data one time, storing in one place, and making available as appropriate
  - establishing authorities which assure privacy and adhere to legal restrictions on access

## **Applications**

- Ensure mechanisms are in place to develop applications in a consistent manner, including the look and feel of applications and the design/structure for reusability.
- Ensure application development/enhancement is consistent with IRM principles.
- Ensure applications can meet Year 2000 requirements.

## **Staff Capacity**

- Acquire, train, and retain qualified information technology personnel to provide the required information resource capabilities to support the goals and objectives of an IRM environment.
- Outsource information services wherever necessary and practical.
- Increase staff awareness of capabilities and limitations of IRM methods and relevant tools.

## **Information Technology Strategies - Continued**

### **Organization**

- Clearly define roles and relationships of decision making and advisory groups involving IT.
- Establish an IT organizational structure which will support the goals and objectives of an IRM environment.

## Information Technology Strategies Supporting Department and State IT Goals

The Information Technology Strategies developed by the Department of Health support Department and State IT goals as depicted in the chart below.

IT Strategies	DOH Goals					State Goals			
	Goal 1	Goal 2	Goal 3	Goal 4	Goal 5	Goal 1	Goal 2	Goal 3	Goal 4
Methods			✓	✓			✓	✓	✓
Environment	✓	✓	✓	✓	✓	✓	✓	✓	✓
Data	✓	✓	✓	✓	✓	✓	✓	✓	✓
Applications			✓	✓				✓	✓
Staff Capacity and Organization	✓	✓	✓	✓	✓	✓	✓	✓	✓

### Methods

Scientific methods simplify complex tasks, making them more manageable. Robust and consistent methods are needed to plan, define, construct, and implement an information technology architecture that supports the Department's goals. With methods like IRM in place, DOH can more effectively support Department goals as well as the *State Information Technology Plan* goals. The success of all of the other strategies depend upon choosing and implementing the correct methods.

The benefits of implementing strategies around Methods include:

- Facilitates identification, definition, and analysis of quality health care information regarding health threats.
- Supports the acquisition and analysis of quality and timely information for use in creation of public health policy.
- Supports decision making regarding health threats and development and implementation of sound public health policy through resulting systems.
- Facilitates accurate and timely information being readily and effectively available to the right decision makers, when and where needed, in the correct format.

- Guides development of communications infrastructure for public health through the resulting architecture.

## **Methods - Continued**

- Increases DOH responsiveness and implementation of more effective IT solutions.
- Facilitates sharing of information between public health partners through standard naming and formatting of data.

## **Environment**

Circumstances surrounding the application of methods and tools required to procure, store, process, and access information make up the information technology environment. It is important to understand how this environment is to be designed and implemented to support the goals of the Department and *State Information Technology Plan*. Since many different environments could be created using the same methods, it is critical to consider the outcome when complex methods are applied to achieve these goals.

The benefits of implementing strategies around Environment include:

- Provides broader access to secure health information among the public health community.
- Provides a greater capability to conduct health assessment and analysis and report on health threats.
- Contributes to the accuracy of information available for the development of health policy.
- Leads to a more accountable implementation of public health policy and to increased availability and quality of health care services.

## **Data**

Data is a critical component of any information technology architecture and is essential for meeting Department goals. It results from strategies that establish structured methodologies for information systems planning/development and standards to carry out the methodology.

## **Data - Continued**

The benefits of implementing strategies around Data include:

- Makes data widely available electronically through common definitions and structures.
- Reduces inconsistencies and redundancies in data.
- Provides a framework and facilitates combining, sharing, and accessing data across programs and with partners.

## **Applications**

Applications are essential components of a complete information technology environment. They originate from methods used to define applications and will follow standards set forth by methods.

The benefits of implementing strategies around Applications include:

- Enables development of applications using the same set of blue prints produced by the methods.
- Enables the development of applications which have a common look and feel.
- Facilitates the re-use of applications across programs.
- Ensures applications meet business goals and objectives.

## **Staff Capacity and Organization**

Staff capacity and organization ties all strategies together and facilitates creation of an efficient and effective information technology architecture to support achievement of DOH and *State Information Technology Plan* goals.

### **Staff Capacity and Organization - Continued**

The benefits of implementing strategies around Staff Capacity and Organization include:

- Supports implementation and maintenance of methods, environment, data, and applications.
- Enables the successful creation of an IRM methodology and environment within DOH.
- Ensures staff capacity and organizational structure exists to support achievement of DOH goals and *State Information Technology Plan* goals.

## ***Department Initiatives Supporting State of Washington Strategic Information Technology Plan Goals***

The Department of Health is undertaking several information technology-related initiatives which contribute to the achievement of the state's information technology goals. Policy level budget authorization requests for these initiatives are being proposed for the upcoming budget cycle. Submission of these requests, however, will not occur until August 1996 and are subject to change.

**DOH Information Resource Management Process** --An ongoing process with which the Department will manage all of its IT resources including personnel, computer and network, data, and IT policy and methodology resources. The goal of this planning process is to develop an Information Technology Tactical Plan and information technology models which define and support the information requirements necessary to carry out the core functions described in the PHIP.

IRM is a new way of doing business within the Department and is considered a maintenance level activity funded through maintenance level funds, state PHIP capacity development funds, and grant funds.

**Automated Birth Information and Dissemination Effort (ABIDE)**-- A project to develop a standard, statewide data collection, storage, and transmittal system that meets the requirements of hospitals, birthing centers, state and local public health agencies, and researchers who use birth information. The system is expected to improve the accuracy and timeliness of birth data collection, increase the availability of data for hospitals and state and local public health agency users, and reduce the cost and inconvenience of data collection.

A DIS Feasibility Study has been completed and Type 2 funding (or allotment authority to spend grants) may be sought in the 1997-99 Biennial budget.

**CHILD (Children's Health, Immunizations, Linkages, and**

**Development) Profile Expansion** --A project to expand statewide the implementation of the CHILD Profile immunization tracking and health promotion system currently running in King, Snohomish, Island, and Kittitas Counties. The system provides public health with the ability to assess and assure the immunization status of children in those counties and to promote good health practices in parents of young children. A partnership between King and Snohomish Counties and the Health Information Institute, a private information systems group, will perform system enhancement, marketing, and statewide implementation while DOH serves in a planning and oversight capacity.

Type 2 funding (or allotment authority to spend grants) may be sought in the 1997-99 Biennial budget.

**Drinking Water Enhancements** --A project to provide new functional capabilities to the current Drinking Water Automation Information Network (DRAIN). These capabilities will support Federal EPA reporting requirements and link drinking water systems to their sources to better protect Washington residents whose water comes from those sources.

A DIS Feasibility Study is being developed and Type 2 funding may be sought in the 1997-99 Biennial budget.

**Women, Infants, and Children/Client Information Management**

**System (WIC/CIMS)**-- A project to develop and implement a new distributed processing client/server application for administering the United States Department of Agriculture, Food and Consumer Services, Special Supplemental Food Program for Women, Infants and Children (WIC). The project is undergoing an acquisition process (RFP) to contract for development and implementation of the application. The intention is to automate all client service functions of the program as appropriate.

DOH intends to seek allotment authority to expend federal funds with a Type 3 funding request in the 1997-99 Biennial budget.

**Year 2000--**A project to assure programmatic performance at uninterrupted service levels with the Year 2000 (Y2K) date change. A preliminary assessment project was performed to analyze the costs of modifying mission critical information systems and equipment to make them Y2K compliant (see Appendix).

Results of this assessment are tentative. The full financial impact of Y2K on the agency has yet to be determined. At this time only minor cost outlays from within current authorized program maintenance funding levels are anticipated.

**Health Professions Certification and Disciplinary Activity Management**

**System--**A project to plan and analyze requirements for designing, constructing, and implementing an integrated information system to manage information about applicants for professional credentials, health care providers who are credentialed, and disciplinary activities concerning health care provision. This system will replace a contracted system developed by Assessment Systems Incorporated (ASI) which did not meet the requirements of the Health Professions Division. The replacement system is conceptualized as a single, integrated strategic system targeted at assurance of quality health care delivery by various health professions.

DOH intends to seek allotment authority to expend local funds (from credentialing fees) with a Type 1 funding request in the 1997-99 Biennial budget, and a Type 2 funding request in the 1998-99 supplemental budget. ASI has informed the Department it may not continue to support this system version after contract expiration in June of 1998. Negotiations are underway to extend the contract until a new system is in place.

**Information Network for Public Health Officials (INPHO) --**An ongoing project to plan, design, and implement a sharable network infrastructure that will provide local health jurisdictions with on-line access to public health information systems, e-mail, the Internet (including World Wide Web services), and to other local, state, and federal systems.

This ongoing project, slated for completion in the first quarter of the 1997-99 Biennium, is funded as a part of the maintenance level budget for the Department.

**Optical Imaging of Vital Records** --A process to expand storage and record maintenance of vital documents certifiable for use by the public to establish legal benefits and rights. Paper and microfilm are currently kept from 1907 to the present and easy, ongoing access is a requirement.

A request for information from vendors will be completed during this current fiscal year. Modest funding through lease purchase agreements is anticipated.

**Health Personnel Resource Plan** --An ongoing process with which the Department collects data on credentialed and non-credentialed health personnel for assessing and evaluating supply, distribution, and need of health personnel in Washington State.

Development of an integrated database of all available health resources data/information for use in health planning decision making is currently underway and is expected to be completed by the Year 2000. The information will be available for use by the Department as well as by its customers.

The Department will continue Type 1 funding of the Health Personnel Resource Plan, and will explore Type 1 funding for the integrated database system.

These Department initiatives help support *State Information Technology Plan* goals.

***Goal 1 - Improve service delivery to the public through the use of information technology***

**ABIDE**

- Reduces information float inherent in the current process of receiving birth information and disseminating it to assessment and assurance users.
- Speeds up the time in which an infant's birth record becomes available.

**CHILD Profile Expansion**

- Provides a statewide immunization record history to health care providers and to authorized public health workers, parents, and other parties with parental consent.
- Supports universal health promotion mailings to parents of young children.

**Drinking Water Enhancements**

- Provides an added level of protection from water borne pollutants and biological agents by linking environmental hazards and threats to water systems through linkages to their affected sources.

**WIC/CIMS**

- Provides enhanced service levels (including the capacity to handle expanded caseloads) to WIC clients by increasing performance capabilities of the program administration system.

**Year 2000**

- Ensures programmatic performance at uninterrupted service levels.

**Goal 1 - Continued**

**Health Professions Certification and Disciplinary Activity Management System**

- Improves decision making with regard to regulating health care providers.
- Improves public service with quicker and more efficient processing of complaints.

**Optical Imaging of Vital Records**

- Provides improved storage media for deteriorating records necessary for certificate issuance.

**Health Personnel Resource Plan**

- Identifies and assesses health resources (health care facilities, emergency medical services and trauma services, etc.) within the state's communities.
- Promotes improvement in the health care system through informed decision making.

***Goal 2 - Make information more accessible through an affordable and widely-available communications infrastructure.***

**INPHO**

- Provides statewide Internet Protocol (IP) network for linking state government to county jurisdictions.
- Provides statewide inter-jurisdictional IP network for the communication of public health information.
- Provides benefits to initiatives contributing to Goal 1.
- Contributes to the DOH "information highway" of Washington State.

***Goal 3 - Use information technology to respond quickly to changing business requirements.***

**ABIDE**

- Provides benefits to various programs in multiple divisional organizations.
- Uses a “proof-of-concept, rapid prototype pilot” as a feasibility study methodology.

**CHILD Profile Expansion**

- Explores potential associated with forming partnerships and outsourcing information technology to perform and finance services historically performed by governmental entities.

**Drinking Water Enhancements**

- Promotes strategic alliances among federal, state, and local governments and industry in order to exchange information technology solutions to improve services to common customers.

**WIC/CIMS**

- Promotes strategic alliances among federal, state, and local government agencies, community social services, and health services resources for pregnant women, infants, and children to assure appropriate growth and development through nutrition support.
- Utilizes innovative client/server technology to expedite deployment of information technology solutions with improved acquisition processes to support rapidly changing programmatic needs of the WIC program.

**Year 2000**

- Ensures Department technology resources continuously support the Department’s mission.

***Goal 4 - Invest in people, tools, methods, and partnerships that support Department missions through information technology in government***

**DOH Information Resources Management Process**

- Develops blueprints (models) of an enterprise information technology architecture, and develops the organization, methods, and policies required to implement an IT infrastructure according to this architecture.
- Supports initiatives of all other goals.

**Optical Imaging of Vital Records**

- Uses new technology to provide improved storage and disaster recovery capabilities.

**INPHO**

- Encourages and supports partnerships with federal, state, and local agencies to develop and implement a shared public health data communications network.

## **Appendix**

Strategies for Assuring Year 2000 System Compliance



## ***Strategies for Assuring Year 2000 System Compliance***

The Department of Health recognizes the importance of assessing the impact of the Year 2000 (Y2K) on information technology components and of planning for system compliance. To assess the possible impact on the Department, a preliminary Y2K Assessment Project was conducted, the findings of which are presented below. A more thorough Y2K impact analysis will be conducted prior to submission of the agency's IT Tactical Plan in August 1997.

The Year 2000 Technical Considerations and Preliminary Estimates Table and the Year 2000 Business Impact/Risk Analysis Matrix requested by DIS were completed and submitted under separate cover. This information is intended to provide preliminary estimates for technical and resource information needed for Year 2000 conversion projects and to assist in identifying their order of priority. The Department of Health is continuing its assessment and intends to submit an updated Table and Matrix to DIS when additional information is available.

### **Preliminary Findings of the Y2K Assessment Project**

The predominate use of date information in the Department of Health is to describe the occurrence of an event (e.g., incidence of a disease; record of a vital event of birth, death, marriage, divorce, induced termination; and hazardous waste emission). There are some licensing, permit, or certification systems (e.g., public water systems, professional licenses, shellfish operating permits, and WIC) which are certified as Y2K compliant by their administrators, are contracted through IT service providers, and/or are targeted to be replaced prior to the year 2000.

### **Estimated Financial Impact on the Department of Health**

A financial impact estimate of the Year 2000 on the Department of Health is being developed through an ongoing assessment of affected systems.

Preliminary estimates indicate that approximately \$37,000 may be needed to redo the Delivery Certificate Tracker system (birth certificate program at hospitals), with a small portion of this total to be used to enhance Vital Statistics batch processes. Approximately \$4,000 may be needed to convert widely used hospital patient data files to a four digit format.

The information provided in this assessment represents survey responses received from divisional Y2K coordinators, in addition to representative sample testing of Department-utilized PCs.